

Virginia Department of Social Services  
Division of Licensing Programs

**Allowable Variance Request Form**

Name of Applicant/ Licensee: \_\_\_\_\_

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Name & Title of Contact: \_\_\_\_\_

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Mailing Address: \_\_\_\_\_

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Location Address: \_\_\_\_\_

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Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Type of Facility: \_\_\_\_\_

Capacity: \_\_\_\_\_

Age Range: \_\_\_\_\_

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All items must be completed. Use additional sheets if needed. Only one standard (or standard grouping) may be addressed on each form. Please attach any pictures, drawings, floor plans, cost estimates, and other relevant documentation.

STANDARD NUMBER FOR WHICH ALLOWABLE VARIANCE  
IS BEING REQUESTED: \_\_\_\_\_

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1. Explain how your present situation creates a problem for meeting the standard?

2. How do you plan to meet the intent of the standard?

3. If this allowable variance is granted, how will you ensure the safety and well-being of the person receiving services?

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Section 1 – Applicant/Licensee to complete:

Section 2 – Licensing office to complete:

DOLPHIN#: \_\_\_\_\_  
\_\_\_\_\_

Licensing office: \_\_\_\_\_  
\_\_\_\_\_

Licensing Representative: \_\_\_\_\_  
\_\_\_\_\_

Licensing Administrator: \_\_\_\_\_  
\_\_\_\_\_

Effective date of regulation: \_\_\_\_\_  
\_\_\_\_\_

Effective duration of variance: \_\_\_\_\_  
\_\_\_\_\_

Date request received by licensing representative: \_\_\_\_\_  
\_\_\_\_\_

Statement of Standard:

Conflicts with other agency regulations or statutes? \_\_\_\_\_

Licensing Representative Recommendation:

Approve ☐

Deny ☐

Explain:

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Licensing Administrator Recommendation:

Approve ☐

Deny ☐

Explain:

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Section 3 – Tracking:

Date received in central office: \_\_\_\_\_

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Date reviewed in central office: \_\_\_\_\_

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Status                      Approve ☐                      Deny ☐

Comments (if any):

Date notification sent to applicant/licensee: \_\_\_\_\_

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Date additional submissions received if denied: \_\_\_\_\_

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Date of final decision: \_\_\_\_\_

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